

Dunstable Emergency Preparedness Information Form

The Dunstable Police Department and the Dunstable Emergency Management Team has provided you with this Emergency Preparedness Information Form which may be voluntarily completed and returned to the Dunstable Police Department at 23 Pleasant Street, P.O. Box 154, Dunstable, Massachusetts 01827-0154, ATTN: Chief James G. Downes III.

The completion and return of this form will assist public safety personnel identify vulnerable populations during times of extreme emergency.

In the event of an emergency, it is suggested that you have some form of identification on your person that identifies your name and special needs such as: Diabetes, Memory Impairment, Allergies, Epilepsy, Multiple Sclerosis, etc. This may be in the form of an I.D. bracelet or a record such as a File of Life.

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Cell Phone</u>
<hr/>			

<u>Emergency Contact Name and Phone Number (including cell phone)</u>	<u>Relationship to you</u>
<hr/>	

1. If you were evacuated, would you need help with Transportation? ☐ Yes ☐ No

2. Do you have any medical impairments or life support needs? ☐ Oxygen ☐ Respirator

☐ Dialysis ☐ Speech ☐ Vision ☐ Hearing

Others please list:

3. Do you have Mobility issues? ☐ Bed ☐ Wheelchair ☐ Walker/Cane ☐ Crutches

4. Do you have any pets in the home that you will need help with? ☐ Yes ☐ No What kind (s)?

 (Please have a photo of your pet ready if you are evacuated along with a record of your pet's immunizations. This is required at all shelters.)

5. Do you have an Emergency Preparedness Kit ready in your home? ☐ Yes ☐ No

*** If you need assistance in filling out this form, please call the Dunstable Police Department at 978-649-8891 Ext 221, a message may be left with your phone number and the best time to contact you.***

I certify that all the information listed here is correct. I understand this is a VOLUNTARY questionnaire designed to assist the Town with record keeping but I am responsible to have my own emergency plan. I am also responsible for any medical expenses associated with emergency evacuation and shelter. I give permission for the Town of Dunstable and its public safety agents to use this information in the event of an emergency.

Signed:

 Date:
